

RADCLIFFE
DISTRICT COUNCIL

Chairman - JAMES THORNLEY, Esq., J.P.

EIGHTEENTH
ANNUAL REPORT

ON THE SANITARY CONDITION OF THE DISTRICT
FOR THE YEAR 1900.

PRESENTED TO THE COUNCIL . .

. . . FEBRUARY 12TH, 1901,

BY

WILLIAM SELLERS, JUNR.,

M.D. (Lond.), D.P.H., Vict.,

Medical Officer of Health.

RADCLIFFE, FEBRUARY, 1901.

GENTLEMEN,

I have the honour to present to you my Eighteenth Annual Report on the Health and Sanitary condition of the District.

During the year I have estimated the population at 26,700, but I am disposed to think this is probably too little, and for the purposes of this Report I estimate the population at 27,000, divided approximately among the various Wards as follows :—

		Population.
Black Lane	Ward.....	7250
Radcliffe Hall	,,	6300
Radcliffe Bridge	,,	8150
Stand Lane	,,	5300

Appended are Tables giving statistics of the numbers of Births and Deaths in each Ward, and I have also prepared a Table showing the number and nature of the cases of Infectious Diseases notified during the year.

The Births were as follows :—

Ward.	Males		Females.		Total.
Black Lane	91	...	109	...	200
Radcliffe Hall	78	...	75	...	153
Radcliffe Bridge	108	...	134	...	242
Stand Lane.....	63	...	71	...	134
	<hr/>		<hr/>		<hr/>
	340		389		729
	<hr/>		<hr/>		<hr/>

These figures give a Birth Rate of 27 per 1000, as compared with 25·2 per 1000 for 1899, and 28 per 1000 for 1898.

Deaths. The number of Deaths was 493, distributed as follows :—

Ward.	Males.		Females.		Total.
Black Lane	74	...	56	...	130
Radcliffe Hall.....	52	...	64	...	116
Radcliffe Bridge	73	...	87	...	160
Stand Lane	43	...	44	...	87
	<hr/>		<hr/>		<hr/>
	242		251		493
	<hr/>		<hr/>		<hr/>

This Mortality is equivalent to a Death-rate of 18·2 per 1000, as compared with 17·9 per 1000 for 1899, 16·4 for 1898, and 17 per 1000 for 1897. This result is fairly satisfactory, but it is necessary to bear in mind that the population has also been estimated at a higher level, and if the census, when taken this year, should shew that the population is less than estimated, in like manner would the mortality per 1000 be increased. On the other hand if, as seems not improbable, there has been really more increase during the last ten years than has been estimated, so will the Death-rate for the year be proportionately lowered.

Taking the figures of the Ward populations given above as tolerably correct, it may be useful to compare the Ward Mortality with that of the year 1899. I have made a Table for this purpose:—

(Ward Mortality per 1000)	1899.		1900.
Black Lane Ward	15·5	...	17·9
Radeliffe Hall Ward.....	15·9	...	18·4
Radeliffe Bridge Ward	18	...	19·6
Stand Lane Ward.....	23·2	...	16·4

It will be noticed that whilst the Mortality in all the Wards has been slightly higher than in 1899, that Stand Lane Ward is now much the lowest for 1900 instead of being the highest as in 1899, and it may be remembered that in my last Annual Report I suggested that the higher Mortality in the Stand Lane Ward for 1899 was temporary and accidental and not due to any special faults of sanitation.

Infantile Mortality. The deaths of children under five years of age numbered 207 as compared with 162 in 1899, and of these 207 deaths 145 were under one year of age as compared with 127 under one year in 1899. Infantile Mortality is usually estimated in terms of the number of deaths under one year per 1000 births. The following gives the results thus obtained during the last five years:—

1895	1896	1897	1898	1899	1900
<u>222</u>	<u>196</u>	<u>182</u>	<u>171</u>	<u>189</u>	<u>198</u>

It will be noted that this rate is higher than during the three previous years, though still not as high as in 1895, when it amounted to 222 per 1000 births. It seems appalling, and undoubtedly should give cause for serious reflection that about one-fifth of all the children born in the

district should die before the end of their first year, but such is the case not only in your district but in all other similar towns in Lancashire, and it must be remembered that a considerable proportion of the deaths referred to are due to prematurity of birth or to congenital diseases which would sooner or later inevitably prove fatal.

The **Natural Increase** for the year is 236 as compared with 194 for 1899 and 301 for 1898.

Zymotic Diseases. I regret to have to report that our Zymotic record for the year is a bad one. Scarlet Fever, Diphtheria, and Measles, all of which were absent in 1899, have been more or less prevalent, and in addition to the usual epidemic of Diarrhœa in the Summer and Autumn, Whooping Cough at the beginning of the year was prevalent in a severe form.

The deaths from Zymotic Diseases during 1899 and 1900 were as follows :—

	1899.		1900.
	<hr/>		<hr/>
Smallpox	Nil	...	Nil
Scarlet Fever	Nil	...	6
Diphtheria	Nil	...	3
Membranous Croup ...	4	...	Nil
Enteric Fever	11	...	14
Measles.....	1	...	17
Whooping Cough.....	3	...	10
Diarrhœa	43	...	27

We have therefore the large number of 77 deaths from zymotic diseases, as compared with 58 in 1899 and 65 in 1898, and not only have we a larger number of deaths, but also deaths from diseases which had been practically absent in 1899.

The zymotic death-rates for the last seven years are as follow :—

1894	1895	1896	1897	1898	1899	1900
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<u>.9</u>	<u>3.2</u>	<u>3.2</u>	<u>3.1</u>	<u>2.5</u>	<u>2.1</u>	<u>3.2</u>

Before proceeding to discuss the Infectious Diseases, I append a

Table shewing the cases of each Disease notified in the different wards during the year :—

	Black Lane.		Radcliffe Hall.		Radcliffe Bridge.		Stand Lane.
Smallpox	0	...	0	...	0	...	0
Scarlet Fever	53	...	45	...	33	...	20
Diphtheria	1	...	6	...	0	...	0
Croup	2	...	2	...	0	...	0
Enteric Fever	20	...	9	...	14	...	5
Continued Fever.....	0	...	0	...	0	...	0
Puerperal Fever.....	0	...	0	...	0	...	0
Erysipelas	5	...	8	...	9	...	2
	<hr/>		<hr/>		<hr/>		<hr/>
	<u>81</u>		<u>70</u>		<u>56</u>		<u>27</u>

During the year there have been 234 notifications, as compared with 111 in 1899, and 113 in 1898.

Smallpox.—I am glad to report that Smallpox has again been entirely absent. I find on reference to my former reports that there has been no case of Smallpox in your district since the year 1896. I trust the Joint Hospital Board may be able without any delay to provide some accommodation for this disease, even if only temporary in character, whilst the permanent scheme is fully considered. I feel very strongly that our immunity for so long a period only renders us more susceptible of attack, and your Committee will remember with what anxiety we heard of cases of Smallpox in neighbouring towns during the past year. There can be no doubt that in the case of Smallpox the very earliest isolation of the person affected is essential to prevent the spread of the disease, and it is too late to begin preparing for a hospital when the disease is already amongst us. Moreover, we must take into account that there is now a considerable proportion of unvaccinated persons in our district, which increases the risk considerably. On the other hand, Smallpox is apparently not as a general rule difficult to stamp out, if the proper remedies can be applied at the very beginning. For these reasons I am of opinion that some temporary hospital should be provided at once for smallpox, whilst the full scheme is considered and elaborated by the Hospital Committee. I find that it was in the year 1896 when this question of hospital accommodation was first seriously adopted by your Council, and in my Annual Report for that year I say : “ I trust

that before many months have elapsed we may be free from the anxiety which our helpless position has so often caused." I regret to say that our position in 1901 is not very much better than it was in 1896.

Scarlet Fever.—During 1900, 151 cases of Scarlet Fever were notified, as compared with 51 in 1899, and 39 cases notified in 1898, but so great was the difference in the severity of the disease that, whereas there were 7 deaths out of 39 cases in 1898, there were only 6 deaths out of 151 cases in 1900. Scarlet Fever had been widely epidemic in 1895 (486 cases) and in 1896 (346 cases), but had been much less prevalent in 1897 (63 cases) and in 1898 (39 cases), though in the last mentioned year there was, as stated above, a very high mortality.

All possible precautions are taken by your Council to prevent the spread of this disease, but in the absence of hospital accommodation it is difficult for preventive measures to be successful, and my remarks as to the necessity of hospital accommodation for Smallpox will apply almost equally well to Scarlet Fever, though in the case of the latter I am by no means prepared to contend that even with a proper hospital it will be possible to limit the spread of the infection in the same way as one, fortunately, is able to do in the case of Smallpox. It must be remembered that, if a hospital be provided, not only is the sick person promptly removed, but also that all the bedding and furniture of the sick-room can be immediately cleansed and disinfected as soon as the patient is taken away, instead of remaining without disinfection during all the weeks of the person's illness, and consequently becoming more difficult of adequate disinfection at the time the patient is fully recovered.

Diphtheria —Seven cases of Diphtheria were notified, and four cases of Membranous Croup. Six out of the seven cases of Diphtheria occurred at the same time in the Radcliffe Hall Ward, and caused three deaths. We were not able to satisfy ourselves as to the exact cause of the outbreak, but fortunately by prompt treatment and disinfection of the infected premises, the epidemic did not spread. All the cases of Membranous Croup notified recovered.

Typhoid Fever.—48 cases of Typhoid Fever were notified, as compared with 37 in 1899 and 39 in 1898, and of these no fewer than 14 proved fatal, giving a mortality at the rate of no less than 29 per cent. It will be noticed that whereas there have been cases in all the wards, the

greatest number were in the Black Lane and Radcliffe Bridge Wards, whilst all those in the Radcliffe Hall Ward were due to a small localised epidemic affecting the Warth Fold district, the cause of which we were not able to ascertain. In all cases of Enteric Fever, careful inquiry has been made into the purity of the milk and water supplied to the district, but although the water has often been very dirty, the distribution of the disease has never been such as to lead me to believe that it depended on either infected water or infected milk. I remain still of the opinion which I have for many years been bringing before your notice, that the presence of Enteric Fever in your district is related, in the large majority of cases, to the system of midden privies and ash-pits, which is the form of excrement disposal chiefly in use, and without repeating again what I said in my last Annual Report, I venture very respectfully to recall your attention to the remarks and suggestions regarding this Disease therein contained.

Diarrhœa was as usual prevalent during the autumn months, but as the spell of fine hot weather was not continued so long, there was a reduction in the number of deaths from this disease as compared with 1899, viz :—27 deaths in 1900, 43 deaths in 1899.

Erysipelas.—24 cases were notified without any deaths resulting therefrom. I am of opinion that no useful purpose is served by the inclusion of Erysipelas amongst the notifiable diseases.

Measles has again been prevalent, and has caused 17 deaths. Cases of Measles are not notifiable so that it is not possible to say how many cases there may have been, but as in general the mortality from this disease is not high, 17 deaths must represent a very large number of cases. The epidemic has been most prevalent and far in the Stand Lane and Radcliffe Bridge Wards, but the infectivity of the disease is so intense and developed at such an early stage that it is almost hopeless to expect that the other Wards will escape. Measles has been almost absent since a severe epidemic in 1897, when there were 40 deaths, only one death having been caused by this disease in 1899, and two in 1898. We have adopted the system of advising the closing of the Schools in the early period of the epidemic, and I believe this is of some assistance in checking the spread of the disease, but owing to the early infectivity the ordinary measures of precaution and disinfection are apparently not of the value one would like to find them.

Phthisis caused the same number of deaths as in 1899, viz, 27. In this connection it is desirable to repeat what I wrote in my last Annual Report that "All modern researches tend to show that Consumption is a communicable and at the same time a curable disease, and is due to the growth of a specific germ." Bearing this in mind, it is well that it should be known that in all cases of Consumption the spit or expectoration should be burned, and also that in the event of a death from this disease, the Sanitary Authority is prepared to disinfect the premises, free of charge, on application to the Sanitary Inspector at the Council Offices."

Bronchitis, Pneumonia, and Pleurisy caused 80 deaths as compared with 124 in 1899 and 85 in 1898.

Heart Disease caused 29 deaths, and four deaths resulted from **Injuries**.

Water Supply. There have been the usual complaints of the dirtiness of the drinking water supplied to your district, but as the Joint Water Board is now constituted, and as I understand it is proposed to make complete arrangements for filtering the water before delivery to the users, I trust our long-standing complaints will be no longer necessary, the water itself, apart from suspended vegetable matters which filtration will remove, being, I believe, of a pure and wholesome quality.

Milk Supply. Numerous samples of Milk have been taken and examined, but I have not thought it necessary to advise any prosecutions.

During the year your Council has adopted the Dairies and Milk-shops Order of 1885, and has drawn up Regulations in connection therewith, and your Inspector has been able to devote some considerable amount of attention to this department.

No action has been taken under the **Housing of the Working Classes Act**.

Cemetery. The question of providing a Cemetery becomes yearly more urgent, and I am of opinion that your Council is acting most wisely in pushing forward the negotiations with this object in view.

I append the report of Mr. Smith, the Sanitary Inspector, from which you will see what a large amount of routine work has to be got through day by day and week by week, and I venture respectfully to suggest that at the beginning of the next financial year it would be wise to provide for further help in the Sanitary Inspector's Department, so that a more systematic and regular inspection and observation could be kept over all the district, but more especially over the farms, milk-sheds, slaughter-houses, and of the food exposed in the Market for sale.

In bringing this, my last Annual Report, to a conclusion, I desire to thank all the Members of the Council, past and present, and all my colleagues in Office, for the uniform kindness and consideration which has been at all times shewn to me, and I can only express my regret that the other work which I have entered into compels me to resign an appointment which I have held for the last eighteen years, which appointment has always been to me of the greatest interest and full of pleasurable associations.

Table of notifications during the year 1900 :—

1900.	Erysipelas.	Enteric Fever.	Continued Fever.	Scarlet Fever.	Croup.	Diphtheria.	Puerperal Fever.
January	2	2	...	16	...	...	...
February	3	7	...	16	1	5	...
March .....	...	4	...	13	...	...	...
April	2	2	...	21	...	...	...
May	1	3	...	36	...	...	...
June	1	2	...	13	...	...	...
July	3	4	...	12	...	1	...
August	2	4	...	10	...	...	...
September	3	4	...	6	...	1	...
October	3	2	...	1	...	...	...
November	3	8	...	3	1	...	...
December	1	6	...	4	2	...	...
Totals.....	24	48	...	151	4	7	...

LANCASHIRE COUNTY COUNCIL
(A) Table of Deaths during the year, 1900, in the Urban Sanitary District of Radcliffe, classified according to Diseases,
Ages, and Localities.

Names of Localities adopted for the purpose of these Statistics.	Mortality from all causes at subjoined ages.							Mortality from subjoined causes, distinguishing deaths of Children under 5 years of age.													
	At all Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards		1	2	3	4	5	6	7	8	9	10	11	12	13
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	Scarlatina	Diphtheria	Enteric or Typhoid	Measles	Whooping Cough	Diarrhœa and Dysentery	Rheumatic Fever	Phthisis	Bronchitis, Pneumonia, & Pleurisy	Heart Disease	Injuries	All other Diseases	Total
BLACK LANE WARD.	74 56	35	17	5	7	40	29	under 5 5 upwards	1 1	... ...	... 5	6 ...	5 ...	5 ...	... 1	... 6	10 23	... 11	... 1	25 33	52 81
RADCLIFFE HALL WARD.	52 64	34	15	8	7	29	19	under 5 5 upwards	... 1	2 1	... 3	1 ...	2 ...	4 ...	... ...	... 9	10 12	... 8	... ...	30 29	49 63
RADCLIFFE BRIDGE WARD.	73 87	52	20	4	4	50	30	under 5 5 upwards	2 ...	... ...	1 2	7 ...	1 ...	11 ...	... ...	... 8	18 31	... 8	... 1	32 38	72 88
STAND LANE WARD.	43 44	24	10	5	2	25	22	under 5 5 upwards	... 1	... ...	... 3	3 ...	2 ...	7 ...	... ...	... 4	9 14	... 2	... 2	13 28	34 54
TOTALS.....	M 242 F. 251	145	62	22	20	144	100	under 5 5 upwards	3 3	2 1	1 13	17 ...	10 ...	27 ...	... 1	... 27	47 80	... 29	... 4	100 128	207 286

